

PTO/SB/97 (08-03)

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ATTACHED: - PRELIMINARY AMENDMENT (7 pages);

- FEE TRANSMITTAL (PTO/SB/17), in duplicate;
- RCE (PTO/SB/30), in duplicate;
- PET. FOR 2 MONTH EXT. (PTO/SB/22), in duplicate.

CUSTOMER NO.: 24498

Serial No.: 10/505,390

Docket No.: PF020015

Art Unit: 2132

Examiner: Devin E. Almeida

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 14

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).

FEE TRANSMITTAL

for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **1270.00**

Complete If Known

Application Number	10/505,390	RECEIVED
Filing Date	August 20, 2004	CENTRAL FAX CENTER
First Named Inventor	Alain Durand	
Examiner Name	Devlin E. Almeida	NOV 01 2007
Art Unit	2132	

Attorney Docket No. **PF020015****METHOD OF PAYMENT (check off that apply) CUSTOMER NUMBER: 24498**

Check Credit card Money Order None Other (please identify): _____

Deposit Account: Deposit Account Number **07-0832** Deposit Account Name: **THOMSON LICENSING LLC**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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|--|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) **Fee (\$)**

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$) **Fee Paid (\$)**

- or HP = x \$50 =

HP = highest number of total claims paid for, if greater than 20.

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Fee (\$) **Fee Paid (\$)**

- or HP = x \$200 =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____	= _____	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): **FEE FOR TWO MONTH EXTENSION - \$460.00**

RCE FEE - \$810.00

\$1270.00

SUBMITTED BY

Name (Print/Type)	CATHERINE A. FERGUSON	Registration No. (Attorney/Agent)	40,877	Telephone	(609) 734-6440
Signature	<i>Catherine A. Ferguson</i>				

PTO/88/17 (01/06)

Approved for use through 07/31/2008. GMB 0651-0032
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

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for FY 2007

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Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

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Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =

x \$50

-

\$

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Fee (\$)

Fee Paid (\$)

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Extra Claims

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- 100 =	/ 50 =	(round up to a whole number) x	=	

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